Costas A. Apostolis, MD
Summit Urogynecology
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PATIENT FINANCIAL POLICY AGREEMENT

We are committed to providing you with the best possible care and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our financial policy is important to our professional relationship. Please ask if you have any questions about our fees, financial policy, or your relationship as our patient. We file insurance claims as a courtesy to our patients. The guidelines below help you assist us with this process.

- Each patient must bring their insurance information (primary, secondary, tertiary) and a photo ID to every appointment to ensure correct processing of all insurance claims. Failure to provide complete insurance information may result in patient responsibility for the entire bill.
- It is every patient's responsibility to understand their insurance policy and benefits.
- Payment is due at the time of services, including copayments, deductibles, and coinsurance.
- There is a $35.00 fee for all returned checks.
- If you do not show up for an appointment or cancel with less than 24 hours notice, you will be charged $50.00. You must pay this fee before you can schedule a new appointment. Patients with three missed appointments may be terminated from the practice.
- If your insurance company is not contracted with us and/or denies payment because of benefit limitations or non-covered services, you will be responsible for the charges.
- Certain health insurances (HMO,POS, etc.) require that you obtain a referral or prior authorization from your Primary Care Provider (PCP) before visiting a specialist. If your insurance company requires a referral and/or preauthorization, you are responsible for obtaining it. Failure to obtain the referral and/or preauthorization may result in a lower or no payment from the insurance company, and **the balance will be your responsibility**.
- If your insurance company needs any additional information, you are responsible for providing it to them.
- I agree to pay any balance remaining on my account for any reason upon receipt of a statement and I understand that when requested, I must provide my current address and other contact information.
- It is our office policy that all past due accounts be sent three statements. If payment is not made on the account, a single phone call will be made to try to make payment arrangements. If no resolution can be made, the account will be sent to the collection agency, or attorney, and possible discharge from the practice.
- In the event an account is turned over for collections, the person financially responsible for the account will be responsible for all collections costs including attorney fees and court costs.

PATIENT OR RESPONSIBLE PARTY

I hereby assign the benefits from my insurance or any third party to Olympic Urogynecology, LLC dba Summit Urogynecology and/or Costas A. Apostolis, MD for medical services provided to me. I authorize Olympic Urogynecology, LLC dba Summit Urogynecology to release any information necessary to determine benefits and to process a claim filed on my behalf to Medicare or any third-party insurance disclosed.

I have read, understand, and have been allowed to ask questions about this policy. I agree to comply with the guidelines above as described.

Signature: _____

Printed Name: _____ Date: _____